

## RECREATIONAL USE ATTAINABILITY ANALYSES PUBLIC COMMENTS

Public Comment Period May 21, 2008 – August 31, 2008

Joachim Creek WBID #1719

Class P Jefferson County

Missouri Department of Natural Resources Water Protection Program PO Box 176 Jefferson City, MO 65102-0176 800-361-4827 / 573-751-1300





## Missouri Department of Natural Resources

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Stream Usage Survey
1. Stream Name (Please enter the full name)  3. County (Please enter the sounty or counties where the use cours)  3. County (Please enter the sounty or counties where the use cours)
2. County (Please enter the county or counties where the use occurs) JCFFerson
3. City or Town (Please enter city or town closest to the area of use) りゅうので
4. Where do you use the stream? If use occurs in multiple locations, please list them all below. (Please be specific so location can be identified on a map, e.g., 9th Street Bridge, Anytown City Park, Quarter Section-Township-Range, Latitude/Longitude, etc).
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5. Have you or your family personally used the stream at this site(s) for recreation since Nov. 28, 1975?
Yes If Yes, go to Question #6 No If No, go to Question #11
6. Have you or your family personally used the stream at this site(s) for any of the following whole body contact recreation activities? Please select all that apply:
Swimming Tubing Snorkling/Skin Diving Water Skiing
7. How many times per year have you or your family personally used the stream for these activities?
8. Have you or your family personally used the stream at this site(s) for any of the following secondary contact recreation activities? Please select all that apply:
Fishing Wading Boating Trapping
9. How many times per year have you or your family personally used the stream for these activities?
10. How many of these times did children wade or play in the stream?
11. Have you observed or heard of others using the stream at this site(s) for recreation since Nov. 28, 1975?
Yes If Yes, go to Question #12
12. Have you observed or heard of others using the stream at this site(s) for any of the following whole body contact recreation activities? Please select all that apply:
Swimming
13. How many times per year have you observed or heard of others using the stream for these activities?
14. Have you observed or heard of others using the stream at this site(s) for any of the following secondary contact recreation activities? Please select all that apply:
Fishing Wading Boating Trapping
15. How many times per year have you observed or heard of others using the stream for these activities?
16. How many of these times did you observe or hear of children wading or playing in the stream?

17. Do you have additional comments you would like to provide the department regarding this stream?

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		tions, please provide the following contact information:
First Name:	GIEN	Last Name: MARSHA-11
Address 1:	12302 ROGEV	VIEW W Address 2:
City: DeSoro		State: Missouri 63020. Zip Code:
Phone Numbe	1: (163/2) 337-77/	Zext. E-mail:

Thank you for taking time to complete our stream use survey. We appreciate your interest and involvement in protecting a preserving the quality of Missouri's waters. If you have questions or additional comments, please contact John Hoke, UAA Coordinator, at 1-800-361-4827 or (573) 526-1446, by e-mail at cleanwater@dnr.mo.gov, or by mail at P.O. Box 176, Jefferson City, Missouri 65102-0176.

Cancel

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Submit



Missouri Department of Natural Resources P.O. Box 176, Jefferson City, MO 65102 1-800-361-4827 / (573) 751-1300 E-mail: cleanwater@dnr.mo.gov